



Motor Vehicle Wreckers/Registered Tow Truck Operators
FENCE VARIANCE APPLICATION

DEALER/MANUFACTURER SERVICES
P.O. BOX 9039
OLYMPIA, WA 98507-9039

Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

RELATING TO

☐ The secure area of a Registered Tow Truck Operator pursuant to RCW 46.55.060 (5) and WAC 308-61-026 (2).

OR

☐ The sight-obscuring fence of a vehicle wrecker pursuant to RCW 46.80.130 and WAC 308-61-220 (1).

REQUEST

Please grant a variance for the (describe by direction) _____

_____ side of my fence,
because I am not able to comply with the fencing requirements for the following reasons. (Attach additional pages if necessary):

Signature of Applicant _____ Date _____

LAW ENFORCEMENT RECOMMENDATION (Requires photos, diagrams, etc.)

I believe that this request for variance should be ☐ approved ☐ disapproved.

Please comment on the request and any limitations you would recommend. (Attach additional pages if necessary.)

Signature of WSP Officer _____ Date _____

DETERMINATION BY THE DEPARTMENT OF LICENSING

Variance ☐ approved ☐ disapproved subject to reconsideration any time the circumstance of the applicant changes.

Comments: _____

Signature of Administrator _____ Date _____